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ARTICLE I.—*Valedictory Address before the Aesculapian Society, at Charleston, Ill., Nov. 28th*, 1855. By THOS. D. WASHBURN, M.D., of Lawrenceville, Ill.

It has been customary and the Constitution makes it obligatory for the presiding officer, to close his official term with an address to the society.

In obedience to this requisition, I appear before you, not in the capacity of a public speaker so much as an humble individual of a noble profession, to give utterance to those sentiments which I trust will find a cordial response in every bosom.

I shall not invite your attention to the subtilties of our profession; nor shall I lead you into the mazy labyrinths of medical science—its theories and dogmas I shall studiously avoid.

I leave these matters to those who have more elegant leisure: to the fathers of the profession, who have more ease and affluence, by their genius and industry, and retiring on their laurels, are ready to vindicate and elucidate abstruse views or favorite theories.

I shall only aim to present a few *practical* items, suggested,

mainly, by our *present position*, and the relative duties which grow out of it.

Crowded as we have been the past season, with endless business, and worn down with watching and fatigue, you can but expect from me a meagre, detached, desultory, and almost agueish effort.

It affords me great pleasure, however, to meet so many of my brethren and fellow citizens, to enjoy that social intercourse, and interchange of sentiment and sympathy, which has a meaning and intensity among ourselves, that no other brotherhood, united by natural or artificial ties, can either approximate or appreciate.

From the earliest ages, so far back as history gives us any record, some of the human family have been devoted to the care of the sick and the cure of disease.

Prominent and more exclusive at first, were an order of men set apart to minister in *divine* things, and teach the people the worship of a true or false God. For awhile medicine was associated with these, but in the course of human events they became separate, and from that time to this, centuries ago, the *Physician* has had a name and a place distinct and apart from the Priest! Nor need we be ashamed of our origin or association, for with them, the priests, were the highest attainments in knowledge, science, and literature.

Since these bonds were severed, the Physician has been a name the people delighted to honor. He has been made the companion of Kings and learned men, and while he entered alike the palace and the hovel, he has received the most flattering homage and the most considerate regard.

Such has been the condition of the physician in most of the kingdoms of the Old World, and such it continues to be at the present day; true, high professional attainments are required, and the student must consume time and money and labor, before he can pass the rigid ordeal that confers a degree, but having accomplished this, he stands upon the broad platform of professional competency, and takes position among the wise and great who have preceded him. The sovereignty of law protects him in his business and shuts out those not properly qualified. Every

avenue of professional distinction is open before him; while the prospect of affluence and reputation stimulate him to that attention to business which insures success, without being annoyed by the intrigues of base pretenders, or outstripped by ignorance and conniving. Such is a hasty glance at the position of the profession in foreign countries. How is it in our own?

At first the older States, under the influence of home education and example, were pleased to restrict the practice of medicine and surgery to those only, who could sustain a fair examination, or present the proper credentials from some well regulated and chartered Institution. But Young America, not willing to be bound to her mother's apron string! and having a little hereditary distaste for anything that curtailed the greatest liberty, abrogated most of these restrictions,—threw the doors wide open to the quack, the knave, and the ignoramus, invited the learned and unlearned to meet on a common level, and forced science and acquired skill to cope with sophistry, unprincipled cunning, and barefaced impudence; giving the untaught multitude the chances of life or death, guided mainly by human instinct, for that judgment which is formed by mere external appearances is as fallacious as the dreams of boyhood, and deserves no higher name than instinct.

Even at the present time, while the regular practitioners are endeavoring to raise the standard of professional excellence, protracting the course of study, and enforcing more rigid scrutiny in their examinations, charlatanry addresses every phase of society with brazen assurance, and seizing on some popular prejudice, or adopting some favorite appellation, without science, skill, or knowledge, they engross public favor, and make their way to the prejudices and purses of their patrons, secure the influence of good men and honored citizens, while modest, but genuine merit, too often goes unrewarded.

I know there is a popular notion abroad, that "every thing finds its proper level," and so it does, as a general thing, in older communities among intelligent masses, but any one that will examine the history of the West, and scan its rise and progress for the last twenty-five years, will abandon this idea. A country made up of a most heterogeneous compound of all

tongues, and nations, and languages, learned and unlearned, many grossly ignorant, and thousands wantonly superstitious, the most credulous and the most skeptical, they become the fit tools for demagogues, political, medical, and religious, blown about by every wind of doctrine, they were as unstable as water, and ripe subjects for quackery and empiricism.

But a brighter day is dawning—with a rich soil, and a rapidly increasing population, with eminent commercial facilities, a better class of emigration, a speedy transit for travel or produce, a high tone of morals, a higher standard of education, and the vast diffusion of knowledge among the masses. The times are passing by, when a barrel of whisky will place a man in the halls of legislation, or the tongue of medical pretention assume the dignity and position of science.

But to define the relative position of the two great classes of medical practitioners of the present day, allow me to draw a parallel by presenting a medical student from each—take a *medium* case if you please—and look *first* on this side and *then* on that!

At the outset, the student of medical science selects a physician of good reputation, with the best library and the most facilities for acquiring a knowledge of his profession. He takes up the subject of anatomy, and one by one he gains a knowledge of the bones, their size, shape, position, uses, &c. He clothes them with muscles, and ascertains the situation and relation of the nerves, the arteries, and the veins; with still deeper interest he studies the internal viscera, the vital organs, and learns their character, use, and locality.

He then applies himself to physiology, learns the laws of life, the functions of the different glands and organs of the body, their dependence and connexion with each other, and their relation to external objects. Having found their condition in a *healthy* state, he next seeks pathology, and learns the condition of these various organs in a *diseased* state, a knowledge of which is highly important, for the successful treatment of disease.

Chemistry comes in here to solve many of the processes and operations which he will witness, and he seizes with avidity upon its teachings, and makes himself master of a thousand processes

which before were inexplicable. He acquires a knowledge of the elements of matter, their action and reaction on each other, and while it is brought to bear on the living organism, his acquaintance with physiology will not allow him to overlook the great *vital principle* which overrules and controls all other agents in the human system. Dismissing chemistry, he now enters upon the study of materia-medica and therapeutics, and here he dwells long and laboriously to master the various agencies which are presented for controlling and modifying disease. Their nature and combination must be known, to act efficiently against the arch enemy of mankind, disease and death.

Having laid the foundation, he begins now to build up the superstructure, by coning over the best living and dead authorities on theory and practice, surgery, midwifery, diseases of women and children, &c., &c.; his mind, disciplined by study and reflection, his judgment matured, his memory quickened, he wanders from author to author, devouring, digesting, and elaborating knowledge; interested and delighted, he casts about for more food to supply the never satisfied mind; he makes his way to the city, and enters the Hospital, the Infirmary, and the Lecture Room, and draws huge draughts from the fountains of living knowledge; his erroneous views are eradicated, his various acquirements systematized, his professional zeal excited, and he leaves his *alma mater*, furnished and prepared to enter upon his glorious mission.

But the student of medical quackery, pregnant with the idea that greatness sleeps within him, and the world is suffering for want of its speedy development, bursts his shell of obscurity, picks up a Thompsonian practice—reads a few water-cure journals, loafs a few weeks in an empiric's office, is told that lobelia, red-pepper, dog-wood, and pleurisy root were almost the sole agencies used by the ancients to combat disease, and that the Indians are the great depository of all the medical wisdom of past ages; that all minerals are deadly poisons, and that the whole vegetable creation is perfectly harmless. Thus equipped, he starts out on his mission of charlatanry with brazen arrogance, regardless of moral as well as physical laws, he puts forth his assumed title and malicious hand bill, (the finger-board to

death,) and boldly commences the treatment of the most complicated diseases; ignorant of the human system, and ignorant of the agencies with which he operates. Case after case proves fatal, and yet he still persists, till calloused in hardihood, he can number scores that reason and conscience thunder in his ears have fallen victims to his slaughtering treatment.

But the prefix of "Doctor" protects him from violent hands. Ashamed to yield, he removes his residence to some other field and renews the attack with redoubled vigor. He assures the public, that he has examined both systems, that the old one is crumbling to decay, but *his* system is the only one rational and perfect, that he never lost a patient, and no one need die that will send for him in proper season; in fact, there is no end to his arrogant assumption, and he bewilders some and converts others to his theories and vagaries.

Such is an imperfect but true sketch of many we have to contend with in our professional career, bereft of all the rules of propriety, they seek out our patients in our absence, undermine our influence, work upon the fears and hopes of the feeble and diseased, till they succumb occasionally to their infernal devices, and perhaps pay the penalty with their lives.

Such is the position of regular medicine in regard to quackery.

And why not more successful in sweeping it into chaos and oblivion? Because we have no laws to prevent quacks assuming our legitimate name, nor the community any law to protect themselves from their barbarous and cruel invasion.

We have laws to protect men in the enjoyment of their property, but no laws to protect them in the enjoyment of their health, even when Providence is disposed to grant them such a boon. We have laws to guard against swindling and fraud, against poisoned meats and unwholesome drinks, against moral and criminal outrage, but nothing on the statute to prevent one destroying health, sapping and undermining the system by slow but certain poison, and gradually sinking them into an untimely grave, provided it is accomplished medically.

Myriad quacks may swarm and cover the land, they may swindle and deceive the public, and rob them of their houses and

lands, their gold and silver, and their cattle, by incompetent knowledge of medical science, but it is borne submissively, while the poor destitute laborer, whose necessities force him to snatch a loaf of bread, or steal a few farthings to procure the same, is hurried off to the penitentiary.

The law demands requisite qualifications in those who instruct our youth in the simple elements of education; while the variest simpleton, who can neither read or write, is allowed to drug and poison whole families and communities.

Lawyers must have a good knowledge of their profession, and be able to sustain a fair examination before they can enter upon business and appear at the bar; but physicians are held accountable at no bar, not even at the bar of public opinion. Alas! how awful and solemn will be the acconnt that many will have to render at the Bar of the Almighty! It is painful to follow this theme and realise how callous public sentiment is to a just appreciation of right in regard to these matters. But the *evil* exists, and the question arises, what shall be done to remove it? The language of denunciation is not the proper remedy. It must be reasoned down, lectured down, wrote down, and legislated down.

Let us canvass the subject, and not fear to meet any of the prejudicies which may exist against our own system. Let us publish and scatter broadcast proper views on the subject of medicine. While the press teems with nostrums and specifics, and quack advertisements of the most rediculous and absurd character, let us devote at least one column in every family newspaper to subjects and matters connected with medical science. If we occupy the right position, why not defend it? Let us no longer hide our light under a bushel. Throw your technical and Latin terms away when you talk to the popular mind; you will be none the less respected, and they are not essential to professional salvation. Let us insist that physiology be more thoroughly and extensively taught in our schools, take the trouble to go in and examine the classes yourselves, and see that it is made interesting, not repulsive.

Demand of our State legislature that all nostrums, specifics, and patents be labeled with the proper English names of their

ingredients. Let a petition to this effect be circulated, and if you will use half your influence, half the people of the State will sign it, and it will become a law, and then Horatio's trade is gone.

Bring before the American Medical Association the necessity and propriety of Congress repealing all laws recognizing the existence of patents in anything connected with the profession, medical or surgical. It is an infringement on our rights, derogatory to our character, and holding out a false impression to the world. Let it be blotted from the statute book.

Our duty to *pretenders* then, is, while we come out and be separate, stand aloof and touch not the unclean thing, to attack not so much the *men* as the *system;* true it would be well, from time to time, to publish instances of gross misconduct and flagrant violations of all science and common sense, which are constantly occurring under our own observation; perhaps in some cases give individual examples of the history, acquirements, and habits of notorious quacks, but in the main, let us direct our batteries to the *measures* and *principles* which they advocate, as well as the general incompetency of those who attempt to carry them out.

It is good to be zealously affected in a good cause. Many of the evils, gentlemen, which we have to contend with, have arisen from our own negligence or false modesty. Let us arouse from our lethargy and proclaim upon the house tops, if need be, the dangers of the hydra-headed system of quackery. Expose its cloven foot, and let the light of truth shine with such dazling rays upon its treachery and baseness, that the most unskilled and common mind may behold its deformity, then *one* shall chase a thousand, and *two* put ten thousand to flight.

But we have duties which we owe to ourselves and one another, which should not be overlooked or neglected. Our excellent code of medical ethics points out the great landmarks which should guide us in our various relations. Let it be studied, till we can master both the letter and the spirit which is found there; but there are other items not specified which must not be disregarded.

We owe it to ourselves to keep faithful watch that incompe-

tence enter not our own borders. We should keep posted up with the medical progress of the age—to do this, requires not only that we *take*, but that we *read* at least one or two medical journals. We should be fully equipped with the various therapeutic agents; it is a shame to be constantly substituting one remedy for another—it is an outrage on our patient and an injury to ourselves to indulge in this liberty to any extent.

Brethren, it is the great opprobrium of the profession that we do not "Love one another" any too well. I acknowledge it with shame.

The low, selfish, sordid principles which rule among the ignorant and vicious; the querulous competition which is exhibited by picayune tradesmen, shop boys, and hucksters, has no business or right in our ranks. The trite old adage that "two of a trade do not agree," ought never to have been breathed in allusion to ourselves.

I know that conflicting interests will arise. Our habits and temperaments are so diverse, our prejudices so strong that two cannot always walk together, but often the most trivial matter has separated those who should be friends. We are, as a profession, to sensitive in regard to points of etiquette, dignity, and reputation, and, if the truth was told, we shall find that the Almighty Dollar plays no small figure in these defections.

The elder, grown old in the affections of his faithful patrons, and somewhat indolent and careless from his continued labors and increasing cares, is taken off his guard, and speaks harshly at times when some youthful aspirant locates near the old homestead, and begins to encroach on what he considers his legitmate domain; the younger, poor but spirited, stands on his reserved rights, and stung to the quick by some unkind word or treatment, at once becomes alienated. These things ought not to be. Fortunately these social gatherings which we are permitted to enjoy to-day, the influence of associations, the workings of these local societies, which are steadily increasing, will do very much to remedy these evils, we trust, effect a radical cure.

Changing the topic, (for family failings ought not to be exposed to the public gaze,) it becomes us, as physicians, to forewarn and thus forearm community and individuals against

danger and disease; to instruct them publicly and privately in regard to preventing the access of disease, the influence of sudden changes in the temperature, and the necessity of adapting their clothing to the same; the influence of miasma—the depressing nature of fear and panic—the genial influence of bathing, and the counteracting agency of cleanliness in warding off contagion, cholera, &c. These, and a thousand other individual and general causes, which the true physician is able to detect, demand his attention and should receive his notice.

But above all, we owe it to ourselves and community, to be devoted to our profession, to yield to no depression or fears, or anxieties, to no temptations which poverty may urge, or want of appreciation suggest; but labor and study to meet every exigency, and with an eye steadily fixed on ultimate success, indifferent to calumny and unbiased by praise, patient, but vigalant, ever at our post, let us shun the *evil* and the *good* pursue, for

> "The evil men do lives after them,
> The good is oft interred with their bodies."

Let professional excellence be our "*motto*," and if the present do not appreciate it, perhaps posterity may.

Our obligations to the learned professions are of a mutual character; we stand on a common platform, our literary acquirements are near the same, we grew up school-mates, class-mates, and room-mates, from the common school to the academy, and to the close of our collegiate course, when we separate and each pursues the profession of his choice. To the Bible we owe the high position we occupy as a nation, and those who faithfully expound its doctrines, and preach the pure gospel of revelation, demand our love, respect, and admiration; we should sustain them by our influence and hearty co-operation.

The law, too, is a profession as indispensable to keep the machinery of society in proper order and motion, as either or all others. They are our compeers, and from them, to a large extent, we look for our highest state and national officers. They, more than any *one* class, control our elections, our legislation, and our judicial decisions.

Each profession has its own peculiar sphere and is as essen-

tial to the body politic as the hand, or arm, or foot is essential to the physical frame.

There is a community of interest, and there should be a community of feeling, existing among all the learned classes of society. To a large degree they create the tone of society on the moral, social, political, and religious questions of the day; and posterity will hold them responsible for their healthy or diseased condition. As members of a sister profession, let us frankly and cheerfully concede to them all their personal rights and professional privileges, and as "love begets love," we may fondly hope the day is not far distant, when we shall have their combined influence in elevating our position as a profession; while they shall mete out justice to those that have not enjoyed that freedom and protection which their purity, intelligence, and genius justly deserve.

In a word, the professional classes are entrusted, to a great extent, with the interests of philanthrophy and education, with the political and religious bias of the people, with the moral and social position of community. Thus affiliated, we ought cordially to assist in bearing one another's burdens, and he who boldly denounces or publicly detracts from the merits of either, as a class, proves recreant to the best instinct of his nature, tramples upon the public weal, and justly deserves the finger of scorn and contempt.

But, my friends, in conclusion, we have no reason to despair, on the contrary, we have very much to encourage us; like the century plant, we are of slow but certain growth, we are not anxious to boast on empherial existence; ours has been the growth of ages and centuries. We take no pride in being considered "fast" men, and we have no more affinity for one idea systems than we have for alligators. We take the liberty to cull and appropriate from all systems, whatever we can find useful or meritorious. We intend to have Nature minister to our wants and necessities, whether the agent comes from the *vegetable*, *mineral*, or *animal* kingdom. These principles are inherent in our system of medical science, and as such, bound to be progressive. We are striving for *perfection*, yet we seem never likely to reach *maturity*.

We are like the apostle Peter after his vision, not disposed to call that unclean or worthless that the God of Nature has placed in our hands. I said we have no reason to despair; neither the past or present fills our minds with doubt or intimates any uncertainty of ultimate success. We have names high on the list of fame as men of literature, science, and philanthropy. While we are proud of the bright galaxy which shine on the historic page of other lands, we boast of not a few in our own land, and shall never cease to cherish the memory of a Rush, a Physic, and a Parish, a Dewees, a Gibson, and a Drake. Even at the present time, on the present stage of action, we could enumerate a host as devoted, as brilliant, and as noble as any of their illustrious predecessors, and many not yet in the zenith of their fame. Nor should I pass in silence our National Association, which is rapidly giving our profession a *national* character; developing our medical resources, creating harmony of action and feeling; elevating and purifying the whole medical mass. The volume of transactions, which it annually sends forth, will bear the most rigid scrutiny as a literary and scientific work.

The topography of different localities, with the character of the prevalent diseases in the same, which is so faithfully recorded here, make it of inestimable value to the junior members of the profession; indeed, reflecting as it does the type of the most distinguished minds among us, combining a freshness and originality which few works possess, it should be deemed an indispensible acquisition to all our libraries.

Gentlemen of the profession, we stand in the outposts of danger. War and pestilence and famine are abroad in the earth. No class of community are as much exposed to the arrows of death, or the heavy hand of disease, as ourselves. Our task is often a sad and melancholy one. On the very threshold of our profession, we begin to battle with disease and death; his thousand hideous forms are ever lurking in our pathway, reminding us that we, too, are mortal. During the past summer and the one preceding, the pestilence has raged with fearful violence in our Southern cities. How many of our devoted band perished like martyrs!

While others can range creation's bounds unfettered, we must

be ever at our posts in the hour of peril. The grim monster may stare us in the face, his icy hand may chill our frames and freeze the very citadel of life, no fear must reach our bosom, no doubt disturb our minds; inch by inch we dispute his claim, but death finally triumphs. We, too, must pay the debt of nature and journey to our long home. If we have learned wisdom from experience, if the solemn lessons, which have so often been administered in our professional career, have not been like water spilt upon the ground, if we have made the acquaintance of the one *great* Physician who offers freely to heal the dreadful maladies of the soul, who can speak *peace* in life's darkest hour, and pluck the sting of death, *then, all is well.* Professional reputation, troops of friends, and thousands of gold are no panacea for the final hour.

"So live, that when thy summons comes to join
The immeasurable caravan, that moves
To the pale realms of shade, where each shall take
His chamber in the silent Halls of death.
Thou go not like the quarry-slave at night,
Scourged to his dungeon, but sustained and soothed
By an unfaltering trust, approach thy grave
Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams."

ARTICLE II.—*Injury to the Perineum puncture of the Bladder above the Pubes.* Reported by Dr. GEORGE M. FOX, of Brush Hill, Ill.

Aug. 6th, 1855; was called to Lyons to attend a boy by the name of DRUMMOND, 13 years of age, who had received an injury of the perineum by sliding from a hay mow, and alighting on the edge of a barrel, one foot going inside the other out. I found him with the scrotum considerably swollen, and somewhat ecchymosed; he had received the injury the evening previous to my being called. He did not experience much pain when he kept quiet. Since receiving the injury he had passed a small quantity of urine with some pain. I ordered the injured part to be kept constantly wet with the following lotion: ℞ plumb. acet. ʒ x., tinct. opi. ℥ i, aqua. ℥ iv., to be kept cool with the addition of bits of ice, and applied often. Aug. 7th, he was much the same as yesterday. Ordered a laxative, and local treatment continued; urine was passed with some

pain. Aug. 8th, 9th, and 10th; remained much the same, the urine was passed with some difficulty, yet, passed off so as to cause no very unpleasant symptoms—local treatment continued. Aug. 11th, found him suffering from retention of urine, the bladder was moderately distended, with considerable pain and tenderness. I undertook to pass a catheter, and now, for the first time, discovered that the urethra was ruptured in the perineum, and that severely; as near as I could judge all efforts to pass a catheter were unavailing; something must be done. I dispatched a messenger for Dr. JOHNSON, of Chicago. The bladder must be emptied in some manner, and I did not like to hazard an operation without counsel, at any rate. He did not arrive until next morning. By this time, urinary infiltration had taken place to considerable extent, through the perineum and scrotum. He tried to introduce a catheter, but with no better success than myself. We then decided to puncture the bladder above the pubes, and Dr. JOHNSON proceeded to perform the operation in the usual manner. Canula was allowed to remain in the bladder until such time as we could succeed in introducing a catheter through the natural passage. Aug. 13th; patient doing well, had rested well through the night, the lower part of the scrotum beginning to show some appearance of sloughing; continued the same local application with morph. sulph. as an anodyne to relieve pain and procure sleep. From this time up to the 23d, there was no unpleasant symptoms followed the operation; but the lower part of the scrotum, and a portion of the perineum, had sloughed entirely away, leaving the testicles bare, and revealing the rupture of the urethra, nearly two inches of which sloughed entirely away. He had had a slight attack of diarrhœa which was rather troublesome, but yielded to the usual remedies. The parts seemed to manifest a disposition to heal rapidly. I now tried in vain to introduce a catheter through the natural passage, but all efforts were unavailing. Aug. 19th, I again called Dr. JOHNSON, in consultation. He succeeded better than I had done, but in a different manner. He passed, first, a small sized catheter through the opening above the pubes into the bladder, and then passing it out through the urethra into the perineum, then by

bringing a second catheter in contact with this, the first was withdrawn, while the second was introduced; the canula above the pubes having been first withdrawn. The aperture healed rapidly; the urine was discharged through this catheter for a day or two, when it became displaced by accident. The urine was now discharged through the aperture in the perineum. Things remained in this shape until Aug. 28th; all efforts to introduce a catheter being unavailing. When, on trying to introduce a gum elastic catheter, the catheter passed beneath the bladder, and between that and the rectum, I felt something yield to the pressure I was making, and supposed that the catheter had entered the bladder, but it was only for a moment, for a large quantity of dark colored and very offensive smelling pus flowed through the instrument. On turning him on his side, nearly a half pint was discharged. I removed the catheter, and from this time to Sept. 5th, the abscess discharged profusely, the urine still passed through the perineum. About this time he had a severe attack of diarrhœa; this, together with the discharge from the perineum, and the abscess between the bladder and rectum, (for such it undoubtedly was,) debilitated him very much, he being reduced to a mere skeleton. At this time the opening in the perineum was healing rapidly, and something must be done to prevent the urethra from closing up entire, and the formation of a urinary fistulæ in the perineum. I finally succeeded in passing a gum elastic catheter after much trouble, in the following manner: I first passed the catheter through the natural passage, and at the aperture in the perineum, then doubling it on itself passed it into the bladder. In the mean time I had given him as nutritious a diet as he would bear, and procured rest by opiates. From this time the discharge from the abscess became rapidly less. Sept. 12th; the wound in the perineum still doing well. I can now pass a silver catheter, but with some trouble. From this time until Oct. 1st, he improved rapidly; the wound in the perineum had closed, and he passed urine through the natural passage as well as ever. He looks well, having regained his flesh and strength. Up to this time I had kept a catheter in the urethra most of the time, but have not used it since, and now at this time, Dec. 1st, he is as well

as ever, and has had no symptoms of stricture or anything of the kind, and all that is left of the injury is a large cicatrix; more than half of the scrotum being entirely gone.

ARTICLE III.—*Some Remarks in Reference to the Necessity of Early and Free Venesection in the Treatment of Meningitis—with Cases.* By J. W. McKINNEY, M.D., New Albany, Ill., Jan. 1856.

In all diseases of a violent and dangerous tendency, the treatment of which is held in discrepancy, it should be the imperative duty of every member of the profession, of any considerable experience, to give, at least, the result attending his practice in any given number of cases. Such a course would assist in establishing a more uniform practice in treating such cases.

Meningitis being a formidable malady, and one by no means of rare occurrence, it is hoped the following cases, with the remarks, may not prove wholly devoid of interest.

The class of cases as here spoken of, are not of the intermittent type, or that form of the disease simulating congestive fever; or as treated of so ably under the title of "cerebro arachnitis," by Dr. JAS. SMICK, in a former volume of the *North-Western Medical and Surgical Journal*, as having "its regular exacerbations and remissions, very much like bilious remittent fever. Cases presenting regular exacerbations and remissions, being by far the more numerous, and evidently depending on a miasmatic origin, I have always classed with, and treated, as a malignant form of congestive fever; and, therefore, as being amenable to the great anti-periodic—quinia. But the disease, as here spoken of, is of that acute continued character, which is generally preceded by various preliminary symptoms; as vague uneasiness, depression of spirits, tinuitus aurium, vertigo, &c.; and where the pain in the head, for the most part, exists for a shorter or longer period *antecedently to the febrile phenomena.*

As this pain becomes more intense, we find nausea and sometimes vomiting—an excited or wild expression—eyes suffused—a buzzing noise in the ears—very painful sensitiveness to sound and light, particularly the latter,—the patient closing his eyes

forcibly, while the pupils, when seen, are observed to be very small, as though he was narcotized by opium. As the fever now begins to rise, which is first evinced by preternatural heat of the head and face, we sometimes have chilly rigors, (not a chill,) while the surface is covered with horrida cutis—the radial pulse is sharp, at the same time, the temporal arteries are full, during which spasmodic jerking of the eyes, muscles of the face and arms are observed. This goose-skin appearance sooner or later gives way to a uniform heat of the surface, when the spasms, which before were only light, now become increased, and in some cases very violent. Delirium sometimes precedes the spasms, as does the double vision; but more generally this accompanies or soon follows the first violent spasm.

If the disease be not intercepted, the delirium sooner or later yields gradually to a state of drowsiness, from which the patient may be aroused, so as to give vague and imperfect answers, but which finally passes into a deep state of coma, from which nothing can arouse him. The pupils, which before were small and contracted, now become dilated. Convulsions which had occurred frequent and violently now wholly cease, or are much lighter than in the early stage. Grinding of the teeth, with frequent deep sighing, are here prominent symptoms. These are accompanied by signs of great cerebral oppression and a general exhaustion—the pulse becoming frequent and thready—surface bathed in cold sweat, in which state the patient dies.

Among the first symptoms that attract the attention of the patient, are the pain in the head and constant nausea. These, together with the spasms, were the prominent symptoms in all the cases I class under the above title. The location of the pain was almost invariably referred, in the commencement, to the *coronal*, *temporal*, or *frontal* region, and *not* to the base or back part of the head, as is the case when of an intermittent or remittent form, and evidently of miasmatic origin.

Having attended 29 well defined cases of meningial inflammation, as above described, in a practice of eight years, I give, in the subjoined table, the cases as they occurred each year. This may serve, at least, to show at what particular season the disease is most likely to prevail, and with what mortality.

NO. OF CASES OCCURRING EACH MONTH.

Years.	Ja.	F.	M.	A.	M.	J.	J.	A.	S.	O.	N.	D.	Died.	Recov'd.	Total.
In 1848,											1	1	2		2
In 1849,	1		2										1	2	3
In 1850,	1											2	1	2	3
In 1851,	2	2	1									1	1	5	6
In 1852,	2	3		1						1		1	2	6	8
In 1853,	1		1											2	2
In 1854,				1					1				1	1	2
In 1855,								1			2		1	2	3
Total.	7	5	4	2				1	1	1	3	5	9	20	29

It may be well to state, that in the above enumerated cases, the greater number were children under twelve years old. There were eight under five years, and ten between five and twelve years old. Of these, eight or nearly one-half died; while of the remaining eleven cases, which were all between fifteen and forty years old, but one died.

The difference in the relative mortality of children, and those of adolescence and adult age, it will be seen, is very great. This difference in part is undoubtedly owing to the greater susceptibility of children, and the naturally increased tendency of blood to the brain and its membranes during the period of childhood. But I attribute a portion of this greater mortality to the fact of the patient not having had the benefit of the antiphlogistic treatment, by venesection, at an earlier period after the attack. With this exalted susceptibility, and increased encephalic and meningial circulation, we could but expect this alarming and dangerous form of inflammation to be the more early established, and if not promptly relieved by depletion, that this class of patients would the sooner pass irretrievably beyond the control of our art. In all these cases, with a very few exceptions, it was twelve, twenty-four, and in some even forty-eight hours from the time the symptoms became violent, before I saw the patients. Of the cases occurring in children, the symptoms indicating effusion into the brain were present in seven, at the time of my first visit. I did not, therefore, practice phlebotomy in any of this number. The treatment adopted under these cir-

cumstances was, to prescribe an efficient dose of hydrarg. sub. mur. where the bowels had not been freely evacuated recently by other means. At the same time, to apply emplas. epis. to the temples, with ice or snow to the front and top of the head; and where neither of these could be conveniently obtained, I ordered cloths diped in cold water to be applied. After the bowels had been freely operated, small portions (from 1 to 3 grs.) of calomel were ordered every 4 to 6 hours until 7 or 8 doses were given. Where this kept up too much action of the bowels, it was discontinued earlier, and a solution of iodide potassa, in the proportion of about 20 grs. to the ounce of water prescribed, in dessert spoonful doses, every five or six hours. Quinine, whenever it could be judiciously used in large or small doses, was promptly prescribed. This, with the use of oil turpentine, applied along the whole course of the spine, together with sinapisms to the extremities, constituted the principal treatment for these cases. Suffice it to say, that all this number (seven) died except one.

There were four of the remaining cases in whom I did not practice venesection. One of these died, and three got well. Thus, it is shown, that in eleven cases where bleeding *was not* practiced, seven died. While in the eighteen cases, where free venesection *was* practiced, but two died.

As a striking example of the efficacy of venesection, to arrest meningial inflammation, I give the following case in detail:

Was called, Nov. 13, 1855, to see Mr. J. F., aged 39 years, farmer, of a plethoric constitution, with an increased corpulency beyond that of an ordinary fleshy person, who had been attacked on the evening of the second day previous, with headache, nausea, and general lassitude—what he supposed to be "sick headache." During the day and night previous to my visit, all these symptoms became gradually but greatly increased, with occasionally chilly rigors and vomiting.

The following were the symptoms as presented on the morning of the 13th:

Frequent small pulse, lancinating pain in the head, eyes suffused with tears, with small contracted pupil and total inability to behold any object in the room; very sensitive to the slightest

noise, with tinnitus aurium, or rather a crashing sound in the ears; surface of the whole body and extremities, preternaturally cold, and presenting a horrida cutis appearance; tongue loaded with a white coating; constant nausea, with frequent vomiturition.

Occasionally there was light clonic spasms of the muscles of the superior extremities, lasting from a half to one minute, during which the eyes were drawn in their orbits, spasmodically to the left side.

In consequence of the state of the pulse, and general coldness of the surface above described, I did not proceed at once to take blood from the arm, but administered an emeto-cathartic of ipecac, 20 grs., calomel, 60 grs., forthwith, and applied sinapisms to the wrists and ankles, ordering dry friction with flannel cloths, to be made on the extremities, and cloths diped in cold water, to the head. After emesis was produced once or twice, ordered mustard over the stomach, and as soon as vomiting ceased, a tablespoonful and a half of oil with 30 gtts. spts. turpentine, to be administered. I now left the patient, giving orders that so soon as the pulse became full, to send a messenger and I would again visit. At nine o'clock the following night, the messenger came, requesting me to go in great haste, stating "that Mr. J. F. had fits." When I arrived, I found him in a state similar to that just succeeding a violent epileptic convulsion. On enquiry of one of the friends present, I learned he had had no less than four or five spasms within the last hour and a half. The medicine given in the morning operated kindly, producing emesis three times, and evacuating the bowels freely four times. Finding my patient now with a full, bounding pulse, and during the intermission between spasms, requiring the effort of three men to keep him on the bed, and from doing violence, I prepared, as speedily as possible, to bleed him. His head being elevated—cloths wet with cold water constantly applied thereto, and mustard drafts to the extremities; all were not sufficient to protect him against another spasm, in which every muscle of the whole frame was most violently convulsed. So soon as the relaxation of the muscles would permit my doing so, I corded the arm and opened a large orifice in the median

cephalic vein, from which I drew away three and a half pints (56 oz.,) of blood. Some pallor of the lips and face being observable, and the pulse considerably softened, I closed the orifice, and was proceeding to bind up the arm, when another spasm came on. I immediately tore away the bandage, and suffered the blood to flow again till two pint cups (32 oz.,) were filled. This produced a decided impression, and at once put an end to all further convulsions. The bed being so arranged as to keep his head and chest still elevated, I ordered a continuation of the refrigerant application of water as long as the temperature should remain morbid, with the renewal of the drafts to the extremities.

Nov. 14th, 8 o'clock, A. M. Patient has remained tolerably quiet during the latter part of the night; had swallowed nothing since last evening. Pulse frequent and quick, but easily compressed; heat of the surface a little above that of the natural temperature; delirious and more restless than during the after part of the night. Ordered cold water and drafts to be continued as before, with oil of turpentine along the whole course of the spine, and as soon as patient could be got to swallow, to give 20 gr. calomel in a tablespoonful of oil.

4 o'clock, P. M. Had revived slightly, so as to take a spoonful of water and the greater portion of the dose left in the morning. I now ordered repeated doses of oil every three hours, till the bowels were operated, and then 6 grs. iod. potas. in two ounces of water, every four hours.

15th. Patient better. Oil and calomel had operated twice; had taken five doses of the iod. solution; slight mercurial feter on the breath; drowsy. When aroused, answers all questions, in a slow undertone, by "No."

Continue use of iod. solut., and occasionally refrigerant to the head.

16th. Better. Answers questions more rationally; complains some of sore mouth; says that any noise in the room produces a confused, unpleasant sensation in his head.

Continue treatment; only prolonging the time of giving the solut. to every six hours.

17th. Decidedly better. Asks for something to eat; per-

mitted him to take some rice gruel. Directed iodide to be continued in diminished doses; also, three or four gr. doses of quinia, twice daily, as a preventative against the deleterious influence of malaria.

From this time on, he rapidly gained the equllibrium of health.

The amount of blood taken from this patient was vastly greater than I had ever before taken at one bleeding, under any circumstance. This though, will not be very surprising, when it is borne in mind that the individual was a very large, fleshy man, weighing over two hundred and forty pounds, and of a strong sanguine temperament.

Now, in this case, which in point of violence, was a little above an average, the force of the inflammation was at once cut short, if not entirely put an end to, by the free bleeding; as indeed it was in nearly all the cases where venesection was practiced. Of course, I do not mean to say that the other means used were wholly useless; but on the contrary, that they were essentially available auxiliaries. Yet, I cannot comprehend how those secondary means, (calomel, iod. potas., quinine, cold water, &c.,) would of themselves cured my patient of this inflammation, aside from general depletion; seeing that seven out of eleven died where this had been entirely omitted; although these patients had the full benefit of those other reputed means of cure, as best my judgment and experience, aided by the written authorities, could dictate.

The great necessity of an early and free bleeding, as here set forth, is only corroborative of our best medical authorities, of the present day. Dr. Dunglison, in speaking of the treatment of inflammation of the brain and its membranes, says: "As in other cases of severe internal inflammation, bloodletting is the sheet-anchor of the practitioner; and it must be pushed so as to produce a decided effect; the effect, rather than the amount of blood taken, being the guide." Dr. Wood, in his practice of medicine, says: "It is of the utmost importance to begin the treatment early. By energetic means, at this period, the patient can generally be saved. Beyond all comparison, the most effectual remedy is bleeding." And again, in still

speaking of the treatment of meningitis, this same author says: "I would repeat, that a vast deal depends, as to the result of treatment in acute meningitis, upon early and vigorous bleeding, both general and local."

A number of others, equally reliable for their sound medical teaching, might be quoted, who recommend free venesection in the treatment of this disease as being the principal. But as this article has already grown far beyond what I had intended, I desist, by simply stating: that in meningitis, presenting the above symptoms, to bleed, bleed! Bleed early and freely, and stop this inflammation; and then use "other reputed means of cure" afterwards.

ARTICLE IV.—*Double and Compound Fracture of the Thigh. Fatal after 74 days.* By DAVID PRINCE, M.D., Jacksonville, Ill.

Wm. Wilkinson, æt. 54, of good constitution, having had little or no sickness during his life, was (Nov. 20, 1855,) digging around a post under a shed, for the purpose of replacing it by a new one, when the upper part of the structure came down upon him, throwing him down, with his right thigh bent over a log, while the foot of the same side became fixed by some of the material falling upon it. His right elbow was dislocated, his right thigh broken obliquely in the middle third, and also in the lower third obliquely, the lower point of the middle fragment projecting through the skin in the line of the external hamstring.

Visited him four hours after the injury; his temperature was diminished and his pulse quickened by the shock, but after the adjustment and application of apparatus, he soon reacted. Rose's double inclined splint was first applied, not on account of a preference for the bent position, but for convenience. After two days a straight splint was applied, composed of a thin board, three inches wide, extending from the trochanter major to three inches below the foot, and forked at either extremity. A belt four inches wide around the upper part of the thigh, with straps and buckles, and a loop to receive one of the forks of the splint, constituted the counter extending support, while the

extending shoe and extending bar of Jarvis' adjuster, constituted the extending apparatus.

The limb, bound with the roller below the knee, and the many tailed bandage above the knee, in the usual way, was laid upon the splint accompanying Jarvis' adjuster, well cushioned, and a narrow splint corresponding with the one outside, but shorter, was placed upon the inside of the limb, cushioned, and the whole secured by straps applied around all the three splints.

One of the objects of this communication is to notice some difficulties in the application of Dr. Jarvis' Adjuster to fractures. It is not an unnatural ambition in one who invents an instrument really useful for certain purposes, to seek to endow it with universal applicability, and this very justifiable ambition seems to have taken possession of Dr. Jarvis. His apparatus is certainly a very valuable one for dislocations, but for fractures requiring long continued extension and counter extension, the novice who attempts to follow literally the directions of Dr. Jarvis, will probably find himself soon foiled by ulcerations in the groin and upon the instep, or above the condyles of the femur, or wherever else the pressure comes. The pressure by the rollers for the groin and pads for the condyles of the femur press upon too small an extent of surface to be borne day after day, as in fractures, where it is necessary to keep up constant tension. The thigh fork of this apparatus is also inapplicable in fractures, with the patient lying on his back, the lower extremity of it being a source of permanent uneasiness, and being in the way of the broad splint upon which the limb is intended to rest. The broad belt above mentioned obviated these difficulties, allowing the extending splint to be placed upon the outer side of the limb. The extending bar of this apparatus attached to the lower end of the same splint, allowed of regular, easy, and effectual extension. The only difficulty here, was to get a good point of application for the extension. This was found in the application of a belt of adhesive strips to the middle portion of the leg, with loops into which bands were thrust, extending thence over the cross piece of the extending bar. By this arrangement there was no difficulty in keeping the injured leg of the same length with the sound one, and without discomfort to the patient.

During the first few days, the patient's diet was diminished in richness and quantity from that of health, but afterwards generous diet, with wine and quinine, were enjoined. During the second week of confinement, some symptoms of intermittent fever manifested themselves; but during the third and fourth weeks the appetite was good and the spirits cheerful, with good pulse. During the fifth week, however, the appetite diminished, and the pulse became more frequent; the extremities inclining to be cold, and neuralgic or rheumatic pains in various parts of the body. In the sixth week, there came a discharge of pus through the perforation originally made by the extremity of fractured bone, and from this time till death, from eight to sixteen ounces of pus were discharged daily through this opening. Towards the last, sloughing occurred, exposing considerable portions of the neighboring muscles—his appetite entirely failed, and he finally died, gradually exhausted and emaciated to the last degree.

No diarrhœa at any time complicated the case, and no discharge subsequent to the original bleeding appeared from the lacerated skin, until the flow of pus in the sixth week. No bony consolidation took place in either fracture.

To what was the failure owing in this case? Evidently to the want of recuperative power in the constitution of the patient, for though so nice had been the balance that no disease had ever spontaneously occurred, yet when once the balance was disturbed there was no power to restore it.

SELECTIONS.

Hospital Cases.

PENNSYLVANIA HOSPITAL, *Jan.*, 1856.

1. ABDOMINAL DROPSY.—A report is made of the following case, not because of any unusual interest during its progress, but on account of an unusual pathological condition, exposed on post-mortem examination.

Dec. 8: Man, 35. Exsanguine appearance of a victim of miasmatic disease—œdematous extremities—abdomen swollen

to the dimensions of a female in the eighth month of pregnancy —superficial veins turgid—spleen much enlarged, encroaching on the lungs, and of scirrhoid hardness. Liquid is effused into right pleura, and the pericardium is burdened with it. The urine presents no evidences of albuminuria; alvine dejections normal. Patient complains of abdominal pain and dyspnœa. The inferential diagnosis is, that scirrhus of the spleen, and a sub-inflammation of the peritoneal cavity exist. The case is one hardly likely to recover. The treatment to pursue is that which will relieve the most apparent symptom—dropsical effusion.

Jan. 5. The patient has been placed on the usual diuretic remedies, with reference only to the amelioration of his symptoms—an incurable organic affection complicates the case. Cream of tartar and juniper-berry tea, alternately with elaterium and digitalis, have been employed with some advantage, at times, but there is no permanent gain. A very dry tongue indicated a condition of the alimentary canal requiring the use of oil of turpentine.

Jan. 12. *Autopsy.*—The *fons et origo* of the mischief is the liver and not the spleen; while the latter appears as large as an average sized liver, the former is reduced to *one-fourth* its normal dimensions, and is cirrhosed; in form it is remarkably altered—presenting no thin anterior border, but contracted into a knotty mass. Little granulated masses jut out, over the whole surface of the organ, giving it the puckered appearance of "hobnail liver," of which it is an excellent example. The cut surface is of a yellowish hue, dotted with innumerable red points; blood flows from the larger vessels, but it has not been able to penetrate into the small ramifications. The nature of this affection is not fully determined. Laennec bestowed on it the name *Cirrhosis*, and supposed a peculiar product, analogous to that of tubercle in the lung, to be deposited here. This opinion is now abandoned. Beneath the microscope, there is found to be an hypertrophy and contraction of the capsule of Glisson, surrounding each acinus, and giving sheaths to all the vessels. The acini remain unaffected in their secreting functions, unless their supply of blood is cut off by the obliteration of vessels; hence we find that jaundice was not occasioned, because a limited portion of this liver was still actively discharging its duty. The same fibroid degeneration is observed in the kidney and pancreas, and in nature is not inflammatory, nor the result of that process.

This condition of the liver will explain all the other pathological evidences. Gall-bladder filled with bile. Peritoneum

and mucous membrane of intestine injected with blood. Pancreas of scirrhous hardness, cutting like cartilage. Lungs too dark. Heart atrophied, much diminished in its cavity. Serous sacs filled with liquid.

Jan. 9. MENINGITIS.—Young man, brought in day before yesterday; had been taken with convulsions, which were preceded by a two days' sickness.

Since the convulsions, has lain in a state of coma, with occasional spasmodic movements. Answers no questions; pupils contracted, and eyes red. Will not protrude the tongue; patient is sensible to inconvenience, as is proved by partial voluntary muscular action, when surface is exposed to the cold; this is dependent on no cerebral operation of the will, but the result of reflex action, the same as is noticed in decapitated animals, the alligator, &c.

Pulse very feeble; there is no positive depression, and though a meningeal inflammation exists, inducing irritation of the nerve centres, it is too late to use active antiphlogistic measures. Should have been bled largely in the commencement of the attack. Now we can have little expectation of recovery. Apply blisters repeatedly to scalp. Blisters to feet. Calomel, grs. x. Turpentine enemata, frequently repeated during the day.

Jan. 12. Improvement since the above treatment. Breathes with tolerable regularity. Face has not so dinged a hue; pupils still contracted; dryish condition of skin; pulse feeble, but not small; has articulated a few words, and is more sensible this morning than at any previous time; indisposed to move left arm, which is an unfavorable sign, indicating a complication of brain substance.

Administer a supporting diet; if convulsions or coma increase, apply a few leeches about the temples; keep bowels open with turpentine enemata; pil. hydrarg. gr. ij four times a day; continue the irritation of scalp.

Jan. 19. *Autopsy. Brain*—Great congestion of pia mater, redness beneath arachnoid, which is opaque, with effusion of coagulable lymph. Paralysis of left arm was due to change in the substance of brain itself. Small blood-clots in various positions in the right lobe, and one spot is decidedly soft, creamy and disorganized. In left hemisphere no apparent change. Acute cerebritis and meningitis coexisted.

PHILADELPHIA HOSPITAL, *January*, 1856.

This institution has, during the past winter, been opened for clinical instructions, and lectures have been delivered twice a week. We shall occasionally present reports of these lectures.

Clinic of Dr. Biddle. Jan. 19, 1856. *Bright's Disease.*—Dr. Biddle presented to the class a case of *anasarca*, dependent on *albuminuria*. Dropsy, he observed, was not a disease in itself, but a symptom of disease; an effect rather than a cause. It was a morbid accumulation of the serum of the blood in the cellular tissue, or in some of the serous cavities of the body; and this might result from a variety of conditions. It might be produced by an obstruction in the circulation, preventing the return of the venous blood to the heart, as in valvular disease or dilatation of the heart. Or, the obstruction might exist in the liver, and the venous blood of the vena portæ, thrown back upon the capillaries of the abdominal viscera, would have its serum forced out into the peritoneal cavity, constituting ascites. A diseased condition of the serous membranes might be the cause of dropsical effusions into these cavities, as in chronic pleurisy and peritonitis. The state of the blood, too, might occasion effusion of its serum into the cellular tissue. Thus, the blood in anæmia, from a deficiency of its red-corpuscles, cannot always maintain sufficient vicidity to prevent a leakage of its water through the capillary vessels. And again, from the loss of another of its solid constituents, its albumen, the blood will become so thin that its serum will escape, and this was the explanation of the œdema in the case before them.

When the albumen of the blood escapes abnormally by the urinary excretion, as in the patient under notice, the term *albuminuria* is applied by modern pathologists to the morbid condition. But, the condition thus designated may depend upon very different pathological states of the kidneys; and it was most important, he observed, both for the prognosis and the treatment, correctly to distinguish the states of the kidneys upon which the albuminuria depended.

Since Dr. Bright first established the connection between albuminous urine and disease of the kidneys, the field of renal pathology thus opened had been assidiously cultivated; and it had been shown that there were two divisions of Bright's disease, differing most strikingly in the state of the kidneys with which they were associated, and also readily distinguishable during life. One of these varieties of Bright's disease was the result of a *desquamative disease* of the kidney; the other of *fatty degeneration*. It was sometimes erroneously asserted that the *desquamative* variety was always found in the *acute* form of the disease, as after scarlatina; and again, incorrectly, that the two abnormal states of the kidney were only successive stages of the same disease. Both the varieties of Bright's disease might, however, occur in the accute as well as chronic form;

and they were essentially different in the character of the disease of the kidneys, as well as in the pathological appearance which these organs presented after death.

The great difference between the two forms of the disease, was in the morbid condition of the epithelial lining of the tubuli uriniferi of the kidneys. In one form, the epithelial cells underwent *desquamative inflammation;* they became disintegrated; were thrown off from the basement membrane, and were swept out from the tubules, entire, with the urine. The denuded tubules lost the power of secreting the ordinary solids of the urine, and, at the same time, were incapable of preventing the albumen of the blood from leaking through them with its water. In *fatty degeneration* of the kidney, the epithelial cells became the seat of the deposit of an excess of oil-globules; they underwent changes, varying in degree up to a complete oily degeneration; they were often distended by the oil-globules, and burst; but, although thus sometimes thrown off in fragments, they were not entirely detached, so as to leave the tubules bare. In the former condition, the denuded tubules allowed the transudation of a large amount of water in the urine; and hence a symptom of *desquamative* Bright's disease was a copious flow of urine, of light color, and low specific gravity. Not so, however, in *fatty degeneration;* here the condition of the tubules, while permitting the passage of albumen, was not favorable to the transudation of water, and a diminished amount of urine, of higher density, was the result. This was precisely the condition of the urine in the patient before them. The amount of urine passed was not more than two pints daily; its specific gravity was 1.020; and, as they saw, by the application of the tests, nitric acid and heat, the urine was loaded with albumen. By adverting to the probable condition of the kidneys in this case, they would understand why so large an amount of albumen was found in the urine. The kidney of *fatty degeneration* is increased in size; there is an excess—a true hypertrophy—of the glandular tissue; and the increased vascularity consequent thereupon was the cause of the abundance of albumen in the urine.

The character of the urine in the *desquamative* disease of the kidney is quite different. The amount secreted is copious, and its density low; its specific gravity is more often below than above 1.015 and sometimes as low as 1.005. The amount of albumen, too, found in the urine is much less; and this was easily understood by referring to the state of the kidney here. The kidney of desquamative inflammation was *small* and *contracted;* its vascularity diminished; its uriniferous tubes be-

coming more and more shrunken as the disease advanced; and as the supply of blood decreased, the materials for the secretion of albumen were also less.

The diagnosis, then, in this case, from the condition of the urine, was fatty degeneration of the kidney. The microscope would confirm this diagnosis; and must, indeed, always be resorted to, before they could pronounce with certainty as to the variety of renal disease upon which the albuminuria depended. But it would often be of great importance to them to be able to determine the nature of the affections upon mere inspection of the urine. In the case before them, the microscopical examination which would be applied would reveal the presence of a large amount of oil-globules in the sediment deposited by the urine with fragments of modified epithelial cells. In the urine of the small contracted kidney, on the other hand, are formed disintegrated epithelial cells, partly scattered, and partly in the form of tube-casts, but *few* or *no oil-globules*. A small amount of oil appears occasionally in the urine of desquamative disease, but never in any abundance, while the other appearances of the urine prevent any possibility of confounding such cases with fatty degeneration.

Dr. Biddle dwelt upon the importance of correctly distinguishing these two varieties of Bright's disease, because in the one form they might expect much from treatment, while in such cases as that before them, recovery was nearly hopeless. Dr. Wilks, of Guy's Hospital, London, goes so far as to assign three years as the maximum of time which a patient, attacked with fatty degeneration of the kidney, has to live. This was, perhaps, too exclusive; but, in the present case, the prognosis was rendered still more unfavorable by a complication of hypertrophy of the heart. Of the many complications which coexisted with Bright's disease, this was the most common, as well as the most alarming. About one-half the cases presented this form of heart disease, and more than two-thirds of them were accompanied by some variety of cardiac affection.

Dr. Biddle called attention to the insidious establishment of the affection in this case. There was nothing to invite attention to the kidneys as a seat of disease. There had never been pain in the loins, and, indeed, there very seldom was in chronic cases. The treatment here could be only palliative. The age of the patient (sixty-five), removed almost absolutely the hope of a return of the kidneys to the normal condition. And, so far as they had to do with remedial agents, they were entirely at a loss for any class which had a known efficacy in restoring glandular tissue which had undergone fatty degeneration. Still,

something might be done to abate the dropsical effusion, and to support the nutrition of the patient. He should prescribe ten grains of nitrate of potassa, and a grain of digitalis, three times a day, with a view to an increased action in the eliminating water of the kidneys, and, at the same time, to a sedative influence on the heart. The constant drain upon the albumen of the blood which was going on, demanded the freest use of strong animal food. A little wine would also be proper.

In the very forming stage of fatty disease of the kidney, an alterative course, which would induce a powerful modifying influence on the nutritive functions, might do something to prevent the advance of this degeneration. Hence the importance of determining the condition, in its very commencement, and, with this view, of an early examination of the urine, in all cases of doubtful chronic disorder. Before the recurrence of albuminuria, the microscope will often show the existence of the disease. And it should also be borne in mind that *heat*, carefully applied, will readily detect a slight amount of albumen, which would be decomposed by nitric acid. To distinguish albumen coagulated by heat, from a phosphatic deposit, a few drops of acetic acid should be added, which will redissolve a phosphatic sediment.—*Med. and Surg. Reporter, N. Y.*

BOOK NOTICES.

Fourth Annual Review of the Commerce, Manufactures, and the Public and Private Improvement of Chicago, for the year 1855; *with a full statements of her system of Rail Roads, and a general synopsis of the business of the City.* Compiled from several Articles in the Daily Democratic Press.

The above is the title of a neatly printed pamphlet of 80 pages, and though having no relation to *Medical* matters, we quote it for the purpose of informing such of our readers, as may desire information concerning any of the topics named in the above title, that they can obtain it by applying for a copy of the pamphlet at the Democratic Press Office, 45 Clark Street, and paying the small sum of *twenty-five cents.*

The Half-Yearly Abstract of the Medical Sciences. Edited by W. H. RANKING, M. D. and C. B. RADCLIFFE, M. D., and Re-published by Lindsay & Blackiston: Philadelphia, 1856.

This useful Abstract of the Medical Periodical Literature, for the last half of 1855, has appeared with its usual punctuality, and is worthy of the patronage of the profession. Price $2,00 per annum.

The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery, No. 33. Re-published by S. S. & W. WOOD, No. 261 Pearl Street, New York.

The January number of this able foreign quarterly is no less interesting than its predecessors. We notice in the list of Books reviewed in this number, the titles of three American Works, viz.:

"*A Practical Treatise on Foreign Bodies in the Air Passages.* By S. D. GROSS, M.D. and Prof., of Louisville, Ky."

"*Clinical Lectures on Diseases of Women and Children.* By GUNNING S. BEDFORD, A.M., M.D., &c., of New York;" and

"*Letters to a Young Physician just entering upon Practice.* By JAMES JACKSON, M.D., LL.D., &c., &c., of Boston."

The first and the last of the works here mentioned, meet the unqualified approbation of their reviewers; while the style of the second meets with some brief, but well merited, criticisms.

Annual Report of the Surgeons of the New York Opthalmic Hospital, for the Year 1855.

This is a pamphlet of 16 pages, containing the rules and regulations of the Institution named, which is located at No. 6 Stuyvesant Street, New York City; and under the professional charge of Mark Stephenson, M.D., and John P. Garrish, M.D., as surgeons.

The whole number of patients reported as having been registered on the books of the Hospital during the year 1855, was 1202. Of these, 602 were discharged cured; 323 relieved; 74 incurable; 18 declined treatment; 15 were removed to Bellevue Hospital; 173 discharged without result of treatment being known; and 77 remained in the Institution at date of report.

Proceedings of the American Pharmaceutical Association, at the Fourth Annual Meeting, held in New York, September 11th, 12th and 13th. Published by direction of the Association.

The above is the title of a neatly printed pamphlet of 40 pages, containing an abstract of the proceedings of the fourth annual meeting of the above named association; the constitution, officers, and list of members of the association; with an appendix, containing, 1st. A report on Standards for Drugs; 2d. An essay on the Growth of Wines in the West, and on Catawba Brandy and Tartar, by E. S. Wayne, of Cincinnati; 3d. A report on the subject of the Home Adulterations of Drugs; 4th. A report on the strength of Commercial Muriatic and Nitric Acids and Alcohol; 5th. Report of the Executive Committee; and 6th. A report on the inquiry whether any and what amendments are required to the law regulating the Importation of Drugs and Medicines, &c. These are all short papers, but containing matter of interest both to the profession and the community. The third report above-named we copy entire, as follows, viz:

"The subject of home adulterations of drugs naturally attracted the attention of the community, and especially of pharmaciens and physicians, in connection with that of the foreign, to which we have applied so stringent a law.

No doubt the sophistication of drugs is as well understood in this country as on the other side of the Atlantic, and that if we could apply a remedy as general in its application, we should detect an amount equally astonishing. This is one of the arguments used by the opponents of the drug law, that medicines can be as readily adulterated here as abroad; but we contend that this is no argument against shutting out foreign adulteration, and we hope some of these days to put a stop to the evil at home. The precise method of doing this is not yet apparent, neither is it within the scope of the duties of this Committee to suggest a remedy. One of the results of the different reports from time to time upon this subject, will be to call the attention of the community to the subject, and create a public sentiment that shall demand purer and better medicines when needed, thus drawing the necessary discrimination between the qualities of them when offered either in packages or at retail.

The Committee do not design, at present, a full report, as

there are still under their observation, and that of others who have aided them in this matter, such articles as are usually met with. Some are of more, some of less importance, all however, sufficiently so, we think, to merit attention and remark. They are mostly articles that have been found on sale in the interior towns and cities, purchased at the cities East, where most of the wholesaleing is done. A few instances may be noticed:—

Balsam Peru has been met with, possessing none of the characteristics of genuine balsam except in color and consistency, and upon analysis affording no cinnamic acid.

Pulv. Capsicum.—The sample examined had a brick dust color, little pungency, and filled with yellow specks and strong odor of *tumeric*. It was a mixture of tumeric and American capsicum, and, of course almost inert.

Castor is found with the follicles filled with saw dust to half the weight of the castor.

Opium.—Since the circular of the Secretary of the Treasury fixing a per centage of morphia for this drug, a more uniform quality has been found in market; but a great many samples have been observed the past season with foreign substances, most commonly lead, inserted in the lumps, in some instances equal to 20 per cent. of the weight of the mass. We are of the opinion that this was done abroad, and probably at the port whence shipped. The different examiners should seek to detect this fraud before passing it.

Musk in pod has been observed loaded in the same way, to the amount of 20 grains in a single pod.

The Essential Oils are largely adulterated in this country.

Oil of Peppermint sometimes contains 50 per cent. of alcohol. *Oil of Rosemary* is adulterated largely with turpentine, and in short, the whole class are shamefully sophisticated.

Otto of Rose in the same class.

Cream of Tartar, adulterated with carbonate of lime, some samples to the extent of 33 per cent., others in less proportion. Sul. potash is also used for this purpose, and alum largely. Of six specimens examined by a gentleman of New York City, purchased at various shops, but *one* was found pure, some of them being adulterated 30 per cent. The same gentleman says, in reply to our enquiries, that from twenty-two specimens or samples of essential oils, fourteen were found to contain turpentine and other impurities. The same gentleman reports samples of powdered opium adulterated 50 per cent.

Cod Liver Oil.—All kinds of fish oil may be found neatly bottled and carefully labelled as the genuine article.

Sulphate of Quinine.—Samples have been detected with the

old adulteration of mannite, and one gentleman reports quinine mixed up with fine picked raw cotton, adding to the bulk so as to fill the vial without using the requisite quantity of this valuable chemical.

Ipecacuanha in powder and Jalap in powder, each mixed with spurious matter, and English rhubarb in powder, put up for fine powdered Turkey, are not uncommon in all the markets.

Of crude materials, *Nitre*, or Saltpetre is one of the most commonly sophisticated, being adulterated with common salt and nitrate of soda largely.

These are some of the reports made to us, all from reliable sources.

The Committee have endeavored to establish points of observation in different sections of the United States, and as far as possible to obtain the names of houses from whom these various sophistications have been obtained. Such information they deem it best to withhold from publication at present, lest they might do injustice to parties ignorantly sending out such drugs; but they also intend, from time to time, to compare notes, and when satisfied of continued practices of this kind, will report such names to the Association.

In the meantime, they cannot too strongly urge retail apothecaries especially, to be cautious of whom and what quality of medicines they purchase. It is to the dispensing apothecary medical men and the community look for such medicines as are pure, not only 'good of their kind,' but of the best kind.

C. B. Guthrie,
Geo. D. Goggeshall,
E. S. Wayne,
A. J. Matthews."

The following Prizes are also offered by the Association:—

1*st.—Twenty-three volumes of the American Journal of Pharmacy.*

For the best Essay which shall develope the commercial history of all drugs indigenous to the United States, as Senega, Spigelia, Serpentaria, &c., as regards the manner and places of their collection and preparation for the supply of commerce, the amount annually collected, and the channels through which they enter general commerce.

2*nd.—Six volumes of Gmelin's Hand Book of Chemistry.*

For the best Essay on any question relating specially to Pharmacy.

COMMITTEE OF JUDGES.

CHARLES ELLIS. WILLIAM PROCTOR, Jr.

All Essays contributed for the Prizes must be delivered free of charge to CHARLES ELLIS, Philadelphia, on or before the second Tuesday in August, 1856.

EDITORIAL.

Medical Education—Lengthened College Terms—Biennial, instead of Annual Commencements for Conferring Degrees.

Some months since, we very briefly noticed the proposition made by Dr. Stille, of Philadelphia, in the last annual meeting of the American Medical Association, to extend each of the courses usually given in our Medical Colleges, so as to make them occupy two annual sessions instead of one. We then stated that the proposition was referred to a Special Committee, of which Dr. Stille was Chairman. Very recently we have received a circular from said Committee, setting forth more fully the nature of the changes proposed, and the reasons in favor of their adoption. The views contained in the Circular may be stated briefly as follows:—

1st. To make the College Cirriculum consist of eight distinct courses of instruction, namely:

"Special, Regional, and General Anatomy."

"Inorganic, Organic, and Pharmaceutical Chemistry, and Toxicology."

"Medical Botany, Materia Medica, General Therapeutics."

"General Pathology, Morbid Anatomy, Practice of Medicine."

"General and Human Physiology, Hygiene, Medical Jurisprudence."

"General Surgical Pathology, Mechanical, Operative, and Medicinal Surgery."

"Obstetrics, Diseases of Women, Diseases of Children."

"Hospital Clinical Medicine and Surgery."

2d. To make the course of Lectures on each of the foregoing departments extend through two annual College terms, instead of having each annual course, to a great extent at least, a *repetition* of the one that preceded it.

3d. To make the Commencement for Conferring Degrees biennial instead of annual, as at present. This necessarily results from the adoption of the second proposition. For if it require two annual college terms to complete the several courses of Lectures, each student would necessarily be required to enter the same college for *two terms*, and a graduating class could be formed only at the end of each second term.

The important objects or benefits to be gained by the proposed change, as set forth in the circular of the Committee, are, *first*, to render the college instruction of the student *developmental* and *progressive* from the beginning to the end of his college course, instead of annually *repetitional*, as at present. Second, to afford opportunity for including in the several departments, instruction on important topics which are now either wholly omitted or but imperfectly presented. Such is the plan for improving our system of college instruction, proposed by the Committee, and such the benefits which it is claimed would arise from its practical adoption. That the time has fully come when the *curriculum* of medical college instruction in our country should be thoroughly remodeled, and placed on such a basis that the student can receive instruction in a limited number of branches each year of his pupilage, beginning with the elementary and ending with the *applied* or practical, there can be no doubt in the reflecting and unbiased mind. But does the plan proposed by the Committee present such a basis? By no means. On the contrary, it proposes to have the student *commence* his college instruction, with *eight* distinct departments or courses of Lectures, (including the whole fields of Medical Sciences,) and pursue them all halfway through the first annual term, and return to complete them the second. This would be "progressive" instruction as distinguished from "repetitional;" but it would not be "*developmental*," as claimed by the Committee. To develop a science, or a connected chain of sciences, we must begin with the

elementary parts—we must master first those topics which legitimately and necessarily furnish the basis and key to the subsequent attainments. To acquire a knowedge of the Science and Art of Medicine by a true system of *development*, the student must master Anatomy, General and Descriptive; Chemistry, Organic and Inorganic; Botany and Materia Medica; and Physiology, Human and Comparative; *before* he proceeds to the study of Morbid Anatomy; Toxicology; and General Pathology, Medical and Surgical. And all these must precede the full consideration of Practical Medicine, Operative Surgery, and Obstetrics. Instead of this, however, the plan of the Committee requires the student to commence his first college term with Lectures on the elements of Anatomy, Chemistry, Materia Medica, Physiology, General Pathology, Surgical Pathology, Obstetrics, and Clinical Practice; thereby crowding daily quite as many topics upon the mind of the student as under the present system, and quite as perfectly destroying all power to pass, by a natural and consecutive order, from the acquisition of one series of branches to the next and most dependent. Hence the plan proposed is scarcely less objectionable than the one already in operation in the schools; while its adoption would subject the student to the very great inconvenience of being compelled *always* to enter the medical college for two *consecutive terms*, or be deprived of the opportunity to complete what he had begun until two whole years had intervened, and he had reached the *fourth* college term. The Committee, on the second page of the circular before us, seem to convey the idea that among all the plans heretofore proposed for improving our system of medical college instruction, none have had for their object the avoidance of "the repetitional system," and "the substitution of a system of *development*," therefor. This is certainly a mistake. So long since as the year 1850, we wrote and published a little volume, entitled "A History of Medical Education and Institutions in the United States," with a Chapter on the "Condition and Wants of the Profession."

If Dr. Stille and his colleagues on the Committee will take the trouble to look over the pages of that work, they will find the proposition to exchange our present *repetitional* college system

for one of true *development*, not merely hinted at, but most clearly and emphatically urged upon the attention of the reader.

To aid the memory of our readers, we quote as follows, commencing on page 218 of the History referred to:—

"If we would ever raise the medical profession to that condition, in regard to learning and practical skill, which justice to itself and the community imperiously require, two things must be done:—

1st, All those medical colleges that are so located as to afford their students the necessary facilities for the study of anatomy, healthy and morbid, and the free access to well-regulated hospitals, must not only double the length of time during which their lectures continue, but such time must be suitably divided into minor terms. Thus, if the colleagues in all our large cities would continue their course of instruction through nine or ten months, dividing such time into three sections, and assigning four distinct branches to each section, thereby occupying four hours each day in the lecture room, instead of six, and requiring the student to spend the remaining two hours in clinical study at the hospital, including dead-house observations in morbid anatomy, and personal practice in physical diagnosis, they would not only present the requisite facilities for obtaining the right kind of medical knowledge, but would also give the student a chance to avail himself of those facilities. The different branches should be so grouped in the three sections, that all students studying three years would find it profitable to take tickets, and attend on one section only each year of his study.

With such a college arrangement, the student would be enabled to take up four branches each successive year of his study, and by confining his attention to these, both during his attendance on the college and in the interval, instead of skimming each year over the whole field of medical sciences, he would make himself thoroughly acquainted with each in its turn, and, at the same time, acquire a mental discipline, far superior to that obtained under the present arrangement.

At present, first course students, many of whom have scarcely studied long enough to learn the number of bones in the human skeleton, are compelled to pay for tickets and listen to lectures on practical medicine, surgery, and midwifery, before they have the slightest knowledge, either of the organs diseased, the remedies recommended, or the anatomical structures operated on. In a word, they are set to laying the foundation, building the superstructure, and putting in the furniture, all at the same time—a task as difficult as it is absurd. But let the whole an-

nual session be lengthened and divided, in the manner proposed, and students, in the first year of study, can take the tickets for that section adapted to their period of progress, and concentrate all their attention on a thorough mastery of anatomy, and the other more elementary branches; those in the second year would take the tickets of another section, adapted to their stage of progress, and spend their time between the lectures in paying special attention to morbid anatomy and pathology, illustrated by post-mortem examinations; while those in the third or last year, having thus laid a systematic foundation, would take the section embracing instruction in the more purely practical branches, and be able to devote all their time out of the lecture room to genuine clinical medicine and surgery at the bedside. Such an arrangement would require the student to attend the college no longer in any one year than he does now, would compel him to attend no more branches at one time than he could profit by to the greatest advantage, and yet would give him ten months of college instruction during his period of study, instead of eight, which is now required."

In our estimation, this plan has many advantages over that proposed by the Committee in their circular. It calls for a greater division and more perfect grouping of topics, while it embraces an equally extensive field of instruction, without necessitating the inconvenience of *bi-ennial* instead of annual *commencements*, and the still greater inconvenience of compeling the student, in all cases, to attend the same college two consecutive terms, or have all his courses of instruction broken and incomplete. The plan of college instruction proposed by us, also more fully meets the wants of the profession and the deficiencies of the present system. What are these wants?

So far as medical colleges are concerned, they are first, the presentation of a less number of topics to the mind of the student each day in the lecture room, and the allowance of more time for dissection, clinical instruction, and reflection. Second, such a division and extension of the annual college terms as will enable students, attending their first course, to attend lectures on such branches only as are adapted to the period of their advancement; while those listening to a second course should have another series of branches, and so on in consecutive order until fitted for graduation. Examinations should be

made at the end of each division of the annual college term, and no student should be allowed to proceed in attendance on a second or third division of the term until he had borne a satisfactory examination on all the branches included in the preceding division. The adoption of any system by our colleges which would supply these wants, or more properly, accomplish these objects, would speedily reduce the study of medicine to a strictly methodical, progressive, and *developmental* process. It would compel students every where to commence certain branches and master them, before they could proceed to others. It would completely destroy a most pernicious practice, long prevalent, especially in the West; which consists in the desultory study of medicine from eighteen months to two years, the attendance on three or four months of lectures, during which they *skim* over the whole field, and then forthwith engage in practise, without presenting themselves either for an examination or a degree. The adoption of such a system would also enable the faculty of each college to include in its curriculum of instruction, for *each collegiate year*, all the branches proposed by the Committee, of which Dr. Stille is chairman, and discuss them as fully as he proposes to do in two years.

The two great and paramount evils of our present system of medical college instruction, are, first, the inadequate time allowed in a session of four or five months, to present the various branches of medical science in that degree of detail which is desirable; and second, the grouping together of students in all stages of progress in their study of medicine, and lecturing to them daily on six or seven different topics, by which the novice who has not yet studied six months listens, on the same day, to instruction in the elements of Anatomy and Physiology, and in the most complex theories and phenomena of Practical Medicine and Surgery. In the first serious efforts to improve our system of medical education, resulting from the organization of the National Association, it was proposed to remedy these evils by lengthening the annual college terms to six months. But it is easy to perceive that, if in adopting a *six* months' term, the number of lectures are reduced so as to admit of adequate attention to dissection, physical diagnosis, and clinical instruction,

the diminished number per day would fully offset the increased length of term, and hence there would be no positive gain in the extent or fulness of the several courses; therefore, the first evil would remain with but little amelioration. On the other hand, if from a desire to extend the several courses, the same number of daily lectures are continued, the second evil remains in full force, being only aggravated by protraction through a longer period of time. The plan proposed by Dr. Stille remedies, in part at least, the *first* great evil named, by really extending the several courses of lectures to a greater length and completeness; but it leaves the second, and *greater* evil, entirely unmodified. We should be compelled, therefore, to object decidedly to its adoption. If we are to have any remodeling of the general curriculum of medical college instruction in our country, it should be done with a full comprehension of the evils to be obviated and the benefits to be gained. After years of reflection, and some personal experience in the business of teaching, we are more than ever satisfied that the plan, set forth in the extract quoted above, presents the basis of a system more perfectly adapted to the wants of the profession than any other which can be devised. It provides a length of college term sufficient to permit the presentation of every important branch of medicine as fully as is desirable; and yet allows time, out of the college lecture room, for dissections and clinical observations. It causes the lectures on the several branches to be given in a consecutive order, according to their natural relations and dependencies, thereby causing the whole course of study to be one of method and true progressive development. Without increasing the pecuniary burdens of the student, it enables him to attend each year, that division of the annual college term *only*, which includes instruction on those branches that belong to his particular period of advancement in his pupilage. By adopting such a lengthened college term, subdivided into sections, other advantages would be gained of much importance.

There are certain portions of the instruction which should be given in connection with all our colleges, that can only be given to a limited number at one time. We allude to instruction in

minute anatomy, whether healthy or morbid, by means of the microscope; to individual training in physical diagnosis, which is the only method by which the student can acquire any adequate degree of knowledge in that important department; and to true hospital clinical instruction at the *bedside* of the sick. Only a very limited number can receive instruction in either of these important departments at one time; and hence it is almost impossible to make any arrangements by which a class of 400 or 500 students, in all periods of advancement in study, can receive that personal attention in these departments which is absolutely necessary for their proper qualification to practice the healing art. If, however, we extend and subdivide the annual college term, in such a manner that the 400 or 500 can be divided, according to the period of their studies, between the several sections of the collegiate year, there would be in attendance on no one section or subdivision of the term, so large a number as to prevent their full and thorough instruction in every important department; and yet neither the aggregate number of students in attendance on the college during the year, nor the pecuniary receipts would be diminished. Neither would the adoption of such a system necessarily require the support of a larger number of professors in connection with each college; for the duties devolving on the several chairs, being discharged during successive sections of the annual college term, there would be no inconvenience in having the same teacher fill a chair in two successive sections of the college term. On the contrary, such a course, in reference to some of the departments, would doubtless secure the highest degree of uniformity and completeness in the courses of instruction given.

That the system of medical college instruction in this country needs revision, is obvious to every intelligent and reflecting member of the profession; and we most sincerely wish that a conference of delegates from the several colleges could be held, to give the whole subject a candid, thorough, and liberal consideration.

Prevalence of Disease.

From many of our correspondents in different sections of

Illinois, Indiana, and Iowa, we learn that pneumonia is quite prevalent in their respective neighborhoods. This is what we should expect on the decline of a winter so protracted and intensely cold as that of 1855–6. Several of the correspondents also mention the coincident prevalence of Typhoid Fever to an unusual degree. Dr. J. N. Higgins, of Griggsville, in this State, writes: "We have had considerable pneumonia in this vicinity recently, and in many cases where the fever was pretty active, I have used the tinct. veratrum viride with perfect success. Also, in a severe case of inflammatory rheumatism, when the cimicifuga was not at hand, an administration of the tinct. of veratrum, until nausea was produced, at once checked the disease. I use a tincture prepared by J. H. Reed & Co., of Chicago, which I consider fully equal to Norwood's, and at less than half the price. In several instances, I have commenced with drop doses, increasing one drop each dose, until nausea was produced. In no instance have I been disappointed in its controlling influence upon the heart's action, as well as in its diaphoretic power." Other practitioners speak equally favorable concerning the value of the veratrum in the treatment of active, febrile and inflammatory affections. In this city, during the last half of February and the first week in March, attacks of pneumonia were unusually frequent in *young* children.

We have noticed, also, during the same period of time, an unusual number of attacks of sub-acute meningitis, in children under two years of age; and in several instances the pneumonic and cerebral inflammations existed co-incidently in the same cases. During the first week in March, we met with two or three well marked and severe cases of pernicious or malignant intermittents.

De Witt County Medical Society.

At a meeting of the physicians of De Witt County, held pursuant to previous notice) in the office of Drs. Goodbrake & Edmiston, at Clinton, March 8th, 1856, on motion of Dr. Goodbrake, Dr. Crist, was called to the Chair; and on motion of Dr. Madden, Dr. Goodbrake was appointed Secretary.

On motion of Dr. Goodbrake it was

Resolved, That we deem it expedient to proceed to the organization of a County Medical Society.

On motion of Dr. Goodbrake, the Chairman appointed a committee, consisting of Drs. Goodbrake, Stewart, and Wright to prepare a Constitution and By-Laws, with the request to report to this meeting at its afternoon session.

The meeting then adjourned until 2 o'clock, P. M.

AFTERNOON SESSION, 2 o'clock, P. M.

The meeting met as per adjournment, and was called to order by the Chairman, when Dr. Goodbrake, from the committee appointed at the morning session, reported a Constitution and By-Laws, for the government of the Society, which was unanimously adopted.

On motion of Dr. Stewart, the meeting then proceeded to elect officers (in accordance with the Constitution just adopted) for the ensuing year, which resulted in the election of the following gentlemen, viz.:—

Dr. C. Goodbrake, of Clinton, *President.*

" E. Stewart, of Waynesville, *Vice-President.*

" Z. H. Madden, of Clinton, *Secretary.*

" W. W. Adams, of Clinton, *Treasurer.*

Dr. J. B. Hunt, of Waynesville, Dr. J. H. Tyler, of Marion, and John Wright, of Wappello, *Censors.*

The meeting then, by vote, resolved itself into the De Witt County Medical Society.

The President elect, on taking the chair, delivered a short but pertinent address, making some appropriate remarks on the benefits which would accrue, both to physicirns and their patrons, from proper medical organizations.

Dr. Stewart then presented a table of charges or fees, which had been previously prepared, and which was, after an animated discussion, in which most of the members present partook, unamimously adopted.

On motion of Dr. Stewart, it was

Resolved, That we adopt the National code of Ethics, and that the members of this Society be governed by the same in all cases.

On motion of Dr. Madden, the Society then proceeded to the election of delegates, which resulted as follows:—

Delegates to the Illinois State Medical Society, Dr. D. O. Crist, Dr. T. K. Edmiston, and Dr. Z. H. Madden.

Delegate to the American Medical Association, Dr. J. H. Tyler.

The President then appointed Drs. Jno. B. Hunt and John Wright, to write each an essay on some medical subject, of their own choice, to be read before the Society at its next meeting.

On motion, the Secretary was requested to furnish a copy of the proceedings of this meeting to the editors of the De Witt Courier and the North-Western Medical and Surgical Journal, with the request to publish the same.

On motion of Dr. Lewis, the Society then adjourned to meet again in quarterly session at Waynesville, on the first Monday in July, at 10 o'clock, A. M.

C. GOODBRAKE, M.D., *Pres.*

Z. H. MADDEN, M.D., *Sec.*

Scarlatina Treated with Oil of Turpentine.

In a recent letter from Dr. J. S. Collings, of Boxley, Ind., he says:

"I have recently had many cases of Scarlet Fever. In treating them I used internally spts. turpentine, one part spts. nit. dulc., two parts, of which I give 15 or 20 drops to a child two years old, while the fever remains high, repeating it every two hours. I also apply externally to the throat, an equal mixture of vol. liniment and oil of turpentine, until the surface is nearly blistered. If ulceration of the throat takes place, I apply diluted spts. turpentine internally. It (the turpentine) is the best remedy I have ever found for Scarlet Fever. If the pulse was very quick and the fever high, by giving it freely for twelve hours, the turpentine would reduce both very promptly. If it will only succeed in other's hands as it has in mine, Scarlet Fever will be no more difficult to manage than the chills are with quinine. Please give it a trial.

Yours, &c."

To Correspondents.

Communications have been received from Dr. G. W. Adams, of Clinton, Ill.; Dr. S. O. Long, of Big Rock, Ill.; Dr. C. A. Hathwell, Virginia, Ill.; Dr. L. C. Lane, of Henderson, Ill.; Dr. D. W. Stormont, of Illinois; Dr. G. W. Hall, of Bainbridge, Ind.; and Dr. J. S. Collings, of Boxley, Ind. Letters merely remitting money, are sufficiently acknowledged in the list of receipts on the second page of the cover. Dr. H. G. Dunbar writes us some good advice, and among other things, complains of the *non*-reception of the January number of the Journal. His letter is dated "Beardstown, Feb. 25," and postmarked "Lancaster, Feb. 28." We have examined our mail list for each of the above places, but find the name of no such subscriber. At what post-office does Dr. Dunbar receive his Journal?

Notice to former Subscribers.

Some months since, notice was given that the names of all subscribers on our mail list, who were indebted for the Journal more than *one* year, would be stricken off on the first of Feb., 1856. In accordance with this notice, we have crossed off 215 names, not one of which has had any credit on the books during the last *four years*. They consequently stand indebted for volumes 1, 2, 3, and 4. As *three* of these volumes belong to the former Publisher, Mr. J. F. Balantyne, he has taken the accounts into his own hands, and will endeavor to collect them as he sees proper. All letters, however, in relation to the business of the Journal since January, 1855, should be addressed exclusively to N. S. Davis, Chicago, Illinois.

New Medical Journal.

We have received the first number of a new Journal, published at Detroit, Michigan, under the title of "The Medical Independent and Monthly Review of Medicine and Surgery." It is edited by Henry Goadley, M.D., F.L.S., &c. &c.; Edward Kane, M.D. and Prof.; L. G. Robinson, M.D. Published monthly by S. D. Elwood & Co., Detroit. Terms, $2,00 per annum.

Circular.—American Medical Association.

The Ninth Annual Meeting of the American Medical Association will be held in the CITY OF DETROIT, Michigan, on Tuesday, May 6th, 1856.

The secretaries of all societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations, *as soon as they may be appointed;* and it is *earnestly* desired by the Committee of Arrangements, that the appointments be made at as early a period as possible.

The following extracts are from Article 2d of the Constitution:

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number.

"The Faculty of every regularly constituted Medical College or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution, of good standing, shall have the privilege of sending one delegate.

"Delegates, representing the Medical Staff of the United States Army and Navy shall be appointed by the Chiefs of the Army and Navy Medical Bureau. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution, at the meeting of the Association held in New York, in May, 1853.

Medical Journals, &c., please copy.

WILLIAM BRODIE, M.D., Detroit, Mich.,
One of the Secretaries.

ERRORS.—In the list of graduates published in the February number of the Journal, the name of J. N. Higgins, of Griggsville, Ill., was accidentally omitted.

The address of Robert Winton was given "Wheeling, Va.," which should have been Wheeling, Ind.